

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27411

State File No. 3069

DECEASED SEP 12 1941

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 4 years 0
years, months or days)

3. (a) PRINT FULL NAME HARRY TIDDRICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Separated 15 yrs 6. (c) Age of husband or wife if alive April 2 1880 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 7 hr. min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Alexander Tiddrick

11. Industry or business None

12. Name Alexander Tiddrick
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Kelly
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1
17. (a) Burial (b) Date thereof 8 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K.C., Mo.
19. (a) 8/13/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 Bank
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1941 hour 8:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 8-1-41 19 to 8-9-41 19
that I last saw him alive on 8-9-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephrosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Dr. R. Thon (M. D. or other) D
Address Med. Dir. K.C. General Hospital Date signed 8-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Blaine E. Weiland

Licensed Embalmer No. *4075*

P. O. Address

2332 Monitor Pl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.